Administrative Director Teri Conaway (618) 435-9955

Chief Deputy Captain Kevin Roye (618) 435-9958

Patrol Supervisor Lt. Jared Anthis 618-435-9962

Detective Supervisor Lt. Richard Minton (618) 435-9949

★ Kyle S. Bacon ★ SHERIFF OF FRANKLIN COUNTY

403 E Main Street ★ Benton, IL 62812 Emergency 911 Non emergency (618) 438-4841 FAX (618-435-3516 Tip Line (618) 439-9252 Jail Administrator Lt. Anthony Skobel (618) 435-9943 Dispatch Supervisor Jamie Hargett / Katie Shaffer (618) 435-9952 Records/Jail

(618) 435-9954 Civil Process Lanette Fleming (618) 435-9953

Admin. Assist.

Dava Vice

Citizen's Police Academy

The Franklin County Sheriff's Office is excited to announce the formation of a Citizen's Police Academy. This 7 week program is open to any Franklin County resident who wants to learn more about the Franklin County Sheriff's Office and our functions. This interactive, behind the scenes program will be taught by well trained and experienced members of the Sheriff's Office who will share their unique perspectives and expertise. We have also partnered with the Franklin County Emergency Management Agency and Southern IL Drug Task Force for additional instruction.

The concept of the Citizen's Police Academy involves opening the Franklin County Sheriff's Office to the public and showing citizens exactly what we do and how we do it. As a result, we believe that participants in the program will be better equipped to assess safety issues and share with others their knowledge of law enforcement practices, policies, and procedures. We see the Citizen's Police Academy as an effective way of bringing law enforcement and the public together in an informal, educational forum where all involved parties can benefit.

Application to the program is open to any Franklin County resident 25 years or older. Applications can also be picked up at the Sheriff's Office or they can be requested / returned via email to dvice@sherifffranklincounty.com. The application requires the completion of a background investigation and image release forms. Space is extremely limited and participants will be chosen based on the receipt of their approved application. No applications will be excepted after March 1, 2023.

The tentative schedule is as follows:

* Week 1 (March 22): History of the Office of Sheriff / Functions / Divisions

* Week 2 (March 29): Patrol / K9 Functions / Southern IL Drug Task Force

* Week 3 (April 5) : Investigations / Computer - Forensic Investigations

* Week 4 (April 12) : Jail Facility / Corrections / Community Mental Health Liaison

* Week 5 (April 19): Dispatch / 911 Call Center

* Week 6 (April 26) : Franklin County Emergency Management Agency

* Week 7 (May 3) : Program Overview / Graduation

All classes will begin at 6:00 pm at the Franklin County Sheriff's Office.

Sheriff Kyle Bacon





Citizens Police Academy Application for Admission

Please type or Print:	
Full Name:	
Home Address:	
List any other name(s) used:	T-shirt Size
Sex: Date of Birth:	// Place of Birth:
Driver's Lic. #:	State:
Telephone:	E-mail:
Employer:	
Address:	
Postion / Title:	
Criminal History: Have you eve	been arrested or convicted of a crime other than traffic offenses?
NO: YES: If Y	ES, please explain:
Please list a personal reference	NOT a relative):
Name:	Phone:
Relationship to Applicant:	
If you are currently active with a	ny neighborhood, community, or civic organization, please list below:
Have you applied for the Citizen	's Police Academy in the past? NO YES When?



Citizens Police Academy Application for Admission

Citizen's Police Academ	y:		,				
 Applicants must 	be Franklin County residents						
Applicants must	Applicants must be 25 years of age						
Applicants must have NO prior felony convictions							
 Applicants must date. 	have NO misdemeanor arrests v	within the past 36	months prior to the academy	start			
 Incomplete app 	Incomplete applications will NOT be processed						
during the course of th		_	·	,,			
Signature of Applicant:		Date:					
	Return Complete	d Application To:					
	Franklin County She 403 East Main Stree						
******	*********	******	*********	*****			
HCSO USE ONLY: Date Rec:	use only: e Rec: Date Background Completed:						
Accepted: YES	NO / Reason						
Date Notified:	VIA: Letter	Phone	By Whom				



Citizens Police Academy Application for Admission

Background Release

Background Investigation:

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant to the Franklin County Sheriff's Office Citizen's Police Academy, I hereby authorize the Franklin County Sheriff's Office to conduct a criminal background investigation.

I understand that all available police and criminal records will be checked by this office and will be used to determine my eligibility for the Citizen's Police Academy. All information obtained will remain confidential in accordance with the law.

Release Form:

The undersigned, in consideration for the privilege of being a participant in the Citizen's Police Academy, and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation in the Citizen's Police Academy Program.

Applicant Name: (Print)	-
Signature of Applicant:	Date:
Witnessed by: (Print)	_
Signature of Witness:	_ Date:

Return this Completed Form with the Application



Citizens Police Academy Application for Admission

Photo / Image Release

I grant the Franklin County Sheriff's Office and County of Franklin the right to print, publish, broadcast and / or televise any and all photographic or video images of myself taken by the Franklin County Sheriff's Office, or its designated agent, for use in commercial advertising, public service announcements, displays, publications and any other public relations efforts. I further release the Franklin County Sheriff's Office and County of Franklin of any and all future claims and rights to these images.

Name of Participant (print):	
Signature of Applicant:	
Address:	
City:	
Telephone:	

Return this Completed Form with the Application